

SUBMIT COMPLETED APPLICATION, TAX STATEMENT AND FEES TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 379-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 RECEIVED
 AUG 10 2012

Permit #: 12-0300
 Date: 8-17-12
 Amount Paid: \$10,121.40
 Refund: RDS 8/15/12

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to: Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO YOU. THIS APPLICATION (with our website www.bayfieldcounty.org/zoning/zip)

Bayfield Co. Zoning Dept

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVATE CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Stellar West Holdings, L.P. Mailing Address: 200 W Adams, Ste 2600 City/State/Zip: Chicago, IL 60606 Telephone: (312) 606-2681

Address of Property: 48775 So Lake Owen Drive City/State/Zip: Cable, Wisconsin 54821 Cell Phone: N/A

Contractor: North Fork Builders, Inc. Contractor Phone: (406) 451-1488 Number: Countryside Plumbing & Heating (715) 246-2660
 Authorized Agent: Dennis J Derham Agent Phone: (406) 579-8048 Agent Mailing Address: PO Box 1903, Bozeman MT 59771 Written Authorization Attached: Yes No

PROJECT LOCATION: Section 14 Township 44 N. Range 7 W. Town of: Drummond

Legal Description: (Use Tax Statement) P108-123-0121 00-018-2-44-07-23-2-05-001-13000

Volume 10 Recorded Document: (Use Property Ownership) Pages: 198-199

Gov't Lot: 1/4 Lot(s): 1/4 USM: 1747 Vol & Page: (Lot(s) No. Block(s) No. Subdivision: Lot Size: N/A Acreage: 83.49 acres

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream and Intermittent Creek or Landward side of Floodplain? Yes...continue No

Distance Structure is from Shoreline: 135 feet

Distance Structure is from Floodplain Zone: Yes No

Are Wetlands Present? Yes No

Value at Time of Completion (Include donated time & material)	Project (What are you spending for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ 3,373,800	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (exists)	
	<input type="checkbox"/> Relocate (existing high)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 8	<input checked="" type="checkbox"/> 8	<input type="checkbox"/> Prrty (Prt) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it) Length: 160' Width: 200' Height: < 34'

Proposed Construction: Family Lodge + Accessory

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property) Family Lodge	() X ()	()
	Residence (i.e. cabin, hunting shack, etc.)	() X ()	9,212
	with Loft	() X ()	4,251
	with a Porch	() X ()	4,427
	with (2 nd) Porch	() X ()	3,049
	with a Deck	() X ()	2,986
	with (2 nd) Deck	() X ()	()
<input type="checkbox"/> Commercial Use	Bunkhouse w/ <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	() X ()	()
	Mobile Home (manufactured date)	() X ()	()
	Addition/Alteration (Specify)	() X ()	()
	Accessory Building (Specify)	() X ()	Included
	Accessory Building Addition/Alteration (Specify)	() X ()	Above
<input type="checkbox"/> Municipal Use	Special Use: (explain)	() X ()	()
	Conditional Use: (explain)	() X ()	()
	Other: (explain)	() X ()	()

FAILURE TO OBTAIN A PERMIT (eg. STARTING CONSTRUCTION WITHOUT A PERMIT) WILL RESULT IN PENALTIES

I/weI declare that this application (including any accompanying information) has been prepared by me (and not to the best of my (our) knowledge and belief it is true, correct and complete. I/weI acknowledge that I/weI am (are) responsible for the detail and accuracy of all information I/weI am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I/weI hereby accept liability which may be a result of Bayfield County relying on this information I/weI am (are) providing in a way that this application, I/weI consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owners(s): (If there are Multiple Owners (listed on the Deed) all Owners must sign (all letters) of authorization must accompany this application)

Authorized Agent: Dennis J Derham (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date: 8/8/12

Rec'd for Issuance
 AUG 17 2012

Address to send permit: % Tom Letke 43210 Kavanaugh Rd. Cable WI 54821

Copy of Tax Statement Attached
 APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

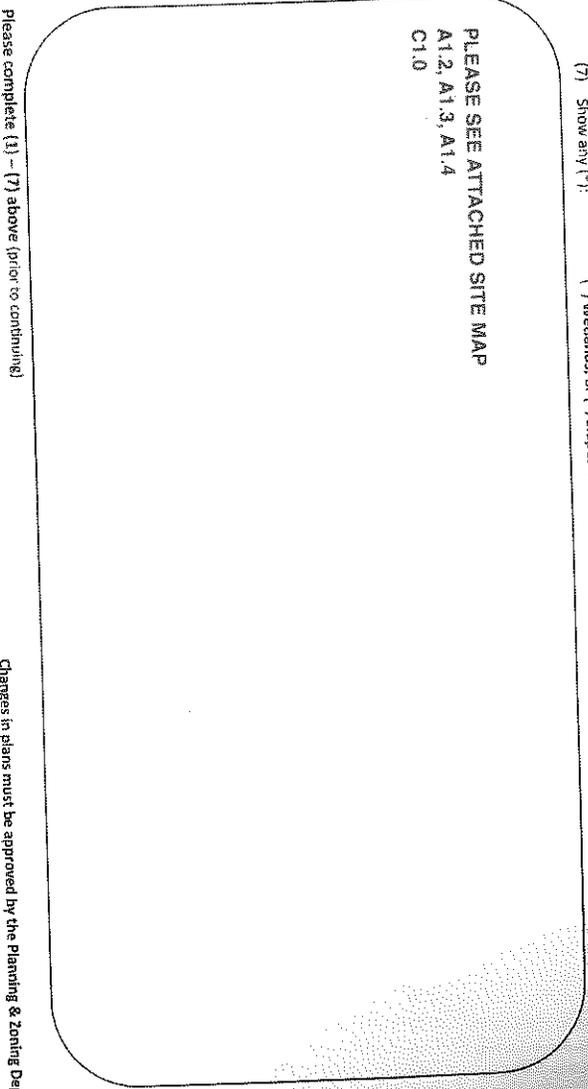
Secretarial Staff

EBR Res \$ 9,401.40 L: Libram \$ 720.00

In the box below: Draw or Sketch your Property (regardless of what you are applying for).

- | | |
|---------------------------|---|
| (1) Show Location of: | Proposed Construction |
| (2) Show / Indicate: | North (N) on Plot Plan |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road) |
| (4) Show: | All Existing Structures on your Property |
| (5) Show: | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Pkwy. (P) |
| (6) Show any (*): | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond |
| (7) Show any (*): | (*) Wetlands or (*) Slopes over 20% |

PLEASE SEE ATTACHED SITE MAP
A1.2, A1.3, A1.4
C1.0



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Paved Road	Feet 1.667'	Setback from the Lake (ordinary high-water mark)	135' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet 100'	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet Lake Road	Setback from Wetland	Feet
Setback from the West Lot Line	Feet 100'	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Feet 100'	Setback from Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet 44'	Setback to Well	28' Feet
Setback to Drain Field	Feet 76'		
Setback to Privy (Portable, Composting)	Feet		

From the placement or construction of a structure within 100 feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from after previously surveyed corner or marked by a known surveyor at the owner's expense.
From the placement or construction of a structure more than 100 feet but less than 1000 feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a known surveyor at the owner's expense.
From the placement or construction of a structure more than 1000 feet but less than 100 feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or verifiable by the displacement by use of a certified compass from a known corner within 500 feet of the proposed site of the structure, or verifiable by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only) Sanitary Number: 12-835 # of bedrooms: 14 Sanitary Date: 8-15-12

Permit Denied (Date): _____ Reason for Denial: _____ Permit Date: 8-17-12

Permit #: 12-0350

Is Parcel a Sub-Standard Lot Yes (Based on Research) No N/A

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No N/A

Is Structure Non-Conforming Yes No N/A

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Yes No

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Yes No

Was Proposed Building Site Delineated Yes No

Was Property Lines Represented by Owner Yes No

Inspection Record: will be done. Michael Frutkin

Date of Inspection: 8-13-12 Inspected by: M. Frutkin

Zoning District: (R4)

Lakes Classification: (1)

Date of Re-Inspection: _____

Condition(s): Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached)

Signature of Inspector: Michael Frutkin Date: 8-14-12

Hold For Sanitary: Hold For TBA: Hold For Affidavit: Hold For Fees:

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN
 Date Rec'd (Received)
 AUG 17 2012
 Bayfield Co. Zoning Dept.

Permit #: 12-0303
 Date: 8-17-12
 Amount Paid:
 Refund:

\$720.00 Fee Paid on 8/16/12
 205

INSTRUCTIONS: No permits will be issued until all fees are paid.
 Checks are made payable to Bayfield County Zoning Department.
 DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED: LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Stellar West Holdings, L.P. Mailing Address: 200 W Adams, Ste 2600 Chicago, IL 60606 Telephone: (312) 606-2681

Address of Property: 48775 So Lake Owen Drive City/State/zip: Cable, Wisconsin 54821 Cell Phone: N/A

Contractor: North Fork Builders, Inc. Contractor Phone: (406) 451-1468 Plumber: Countryside Plumbing & Heating (715) 246-2660

Authorized Agent: Dennis J Derham (Person Signing Application on behalf of Owner(s)) Agent Phone: (406) 579-8048 Agent Mailing Address (include City/State/Zip): PO Box 1903, Bozeman MT 59771 Written Authorization Attached Yes No

PROJECT LOCATION: Legal Description: (Use Tax Statement) 04-018-2-44-07-23-2-05-001-13000 Recorded Document: (i.e. Property Ownership) Volume 10 Page(s) 198-199

1/4, 1/4 Gov't Lot 1 Lot(s) 1747 CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:

Section 14, Township 44 N, Range 7 W Town of: Drummond Lot Size N/A Acreage 83.49 acres

Shoreland Non-Shoreland

Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →

Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →

Distance Structure Is from Shoreline: feet

Distance Structure Is from Shoreline: 200+ feet

Is Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project (What are you applying for?)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 240,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> No Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/> Compost Toilet	<input checked="" type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it) Length: _____ Width: _____ Height: _____

Proposed Construction: Length: _____ Width: _____ Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input checked="" type="checkbox"/>	Residential Use	(X)	
<input type="checkbox"/>	Commercial Use	(X)	
<input type="checkbox"/>	Municipal Use	(X)	
<input checked="" type="checkbox"/>	Special User: (explain) _____	(X)	
<input type="checkbox"/>	Conditional User: (explain) _____	(X)	
<input type="checkbox"/>	Other: (explain) _____	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
 (If there are Multiple Owners listed on the deed All Owners must sign or letter(s) of authorization must accompany this application)

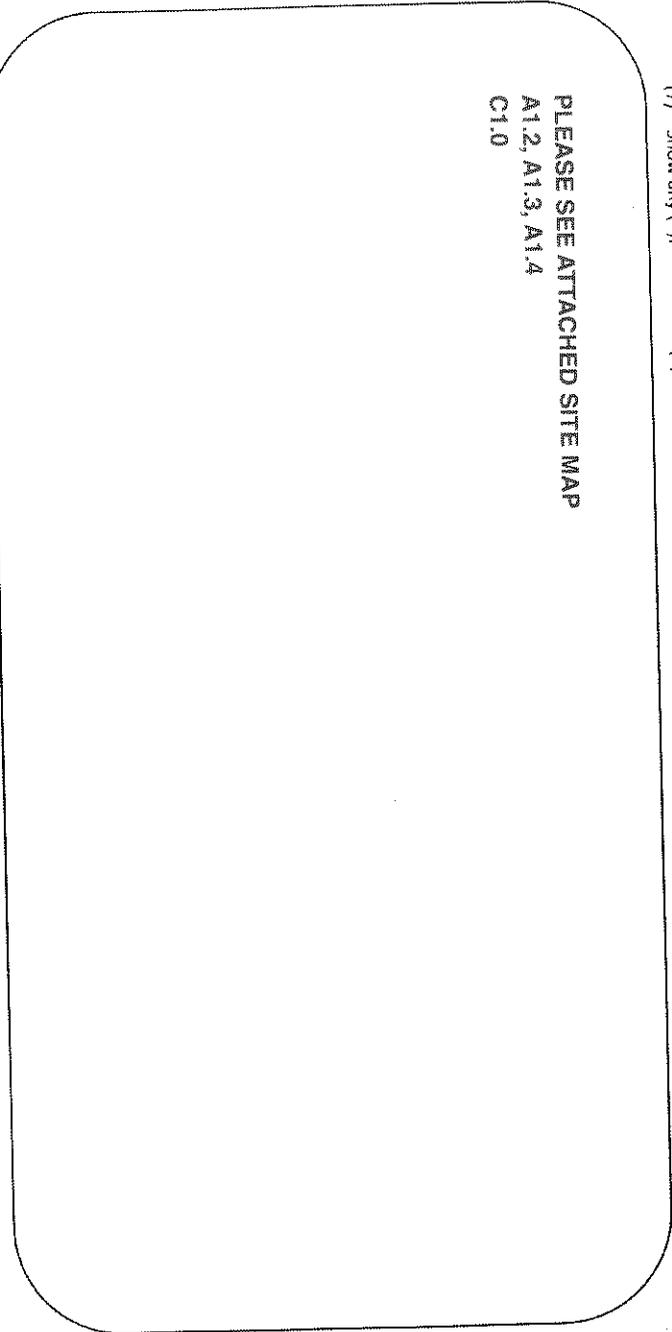
Authorized Agent: _____ Date 8/12/12
 (If you are signing on behalf of the Owner(s) a letter of authorization must accompany this application)

Address to send permit % Tom Letke 43210 Kavanaugh Rd, Cable WI 54821
 Attach Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- In the box below: Draw or Sketch your Property (regardless of what you are applying for)
- Proposed Construction**
- (1) Show Location of:
 - North (N) on Plot Plan
 - (*) Driveway and (*) Frontage Road (Name Frontage Road)
 - All Existing Structures on your Property
 - (2) Show / Indicate:
 - (*) Holding Tank (HT) and/or (*) Privy (P)
 - (3) Show Location of (*):
 - (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Stream/Creek; or (*) Pond
 - (4) Show:
 - (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 - (5) Show any (*):
 - (*) Wetlands; or (*) Slopes over 20%
 - (6) Show any (*):
 - (7) Show any (*):

PLEASE SEE ATTACHED SITE MAP
A1.2, A1.3, A1.4
C1.0



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Paved Road	Feet	Setback from the Lake (ordinary high-water mark)	200+ Feet
Setback from the Established Right-of-Way	~1,600' Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	>100' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	" Feet	Setback from Wetland	Feet
Setback from the West Lot Line	" Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	" Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	40' Feet	Setback to Well	100+ Feet
Setback to Drain Field	70' Feet		
Setback to Privy (portable, Composting)	70' Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from either previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet, but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)

Permit Denied (Date): _____ Reason for Denial: _____

Permit #: 12-0223 Permit Date: 8-17-12

Sanitary Number: _____ # of bedrooms: _____ Sanitary Date: _____

Is Parcel a Sub-Standard Lot Yes No

Is Parcel in Common Ownership Yes (Fused/Contiguous Lots) No

Is Structure Non-Conforming Yes No

Granted by Variance (B.O.A.) Case #: _____ Previously Granted by Variance (B.O.A.) Yes No

Was Parcel Legally Created Yes No

Were Property Lines Represented by Owner Was Property Surveyed Yes No

Was Proposed Building Site Delineated Yes No

Inspection Record: Well staked. Metrs all setbacks

Date of Inspection: 8-13-12 Inspected by: Mr. Furdak

Condition(s) Town, Committee or Board Conditions Attached? Yes No (If No they need to be attached.)

Signature of Inspector: Michael Gurtel

Hold For Sanitary: _____ Hold For TBA: _____ Hold For Affidavit: _____

Hold For Fees: _____ Date of Approval: 8-17-12

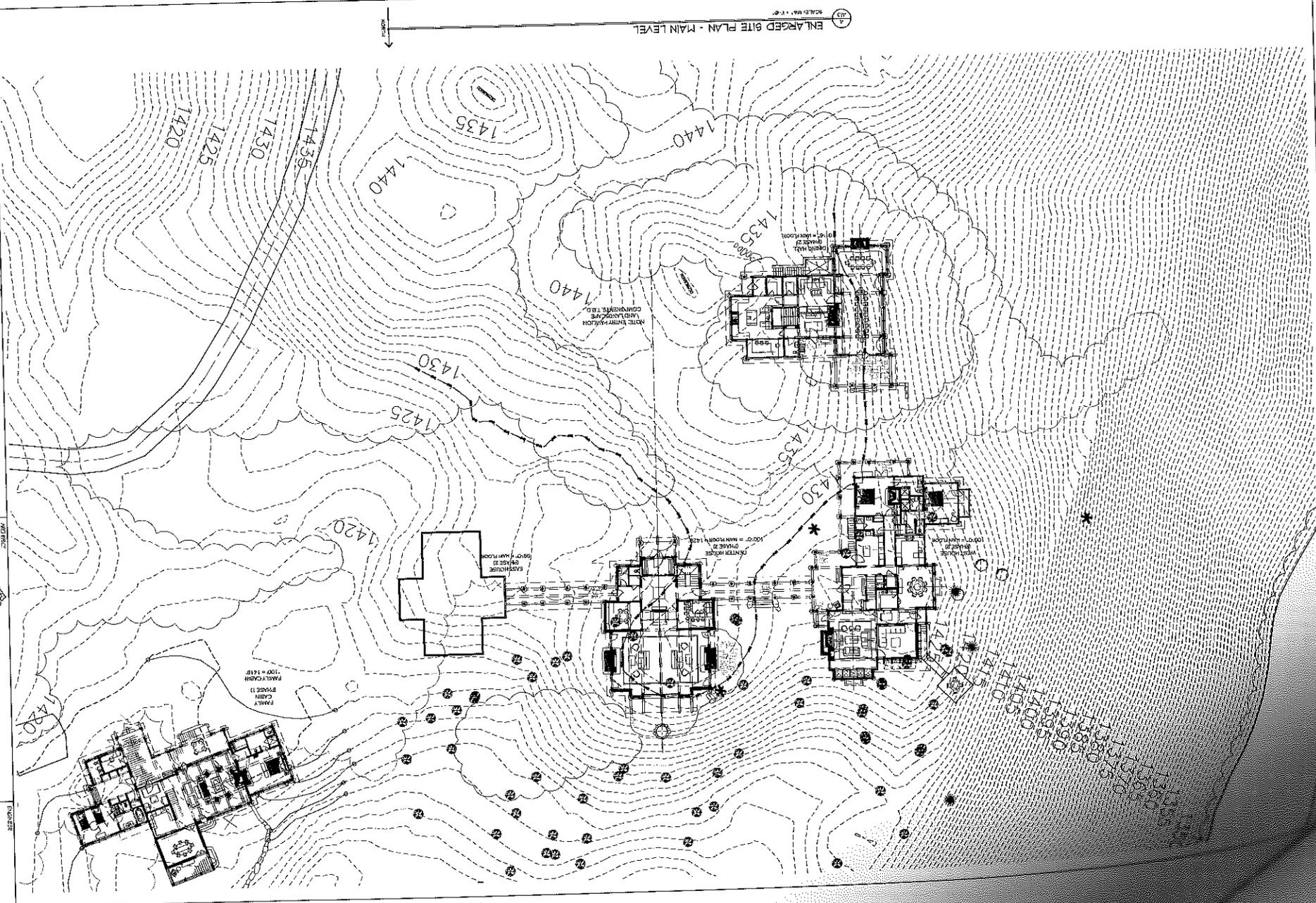
No water under pressure in structure

Print Name: Michael Gurtel

JOB NO. 100-100
DATE: 02-10-10
OWNER: J.P. OWEN
DESIGNED BY: J.P. OWEN
DRAWN BY: J.P. OWEN
CHECKED BY: J.P. OWEN

LAKE OWEN CAMP
PHASE TWO
CARLE WISCONSIN

PEABSON DESIGN GROUP, L.L.C.
7400 WISCONSIN ST. WISCONSIN



ENLARGED SITE PLAN - MAIN LEVEL

ENCLOSURE